

# Foster Family Home - Corrective Action Report

Provider ID: 1-090023

Home Name: Evelyn Ruiz, CNA

Review ID: 1-090023-4

94-1002 Kuakolu Place

Reviewer: Sue Lo

Waipahu

HI 96797

Begin Date: 4/19/2018

End Date: 4/25/2018

## Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home visit made for a 2 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 5/19/2018.

## Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:


7.1.(a)(2) Lapsed on Adult Protective Services/Child Abuse Neglect (APS/CAN) due on/before 3/3/17 was done on 7/3/17 for CG#2 and due on/before 3/3/17 was done on 7/13/17 for CG#3.

## Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(b)(7) Lapsed on TB clearance due on/before 2/5/17 was done on 1/3/18 for CG#3.

  
\_\_\_\_\_  
Compliance Manager

Evelyn S. Ruiz  
\_\_\_\_\_  
Primary Care Giver

4/19/2018  
\_\_\_\_\_  
Date

4/19/18  
\_\_\_\_\_  
Date

Community Care Foster Family Home (CCFFH)  
 Written Plan of Correction for Deficiencies  
 Listed in Corrective Action Report  
 Chapter 17-1454

CCFFH Name: Evelyn S. Ruiz

CCFFH Address: 94-1002 Kuakolu Pl Waipahu HI, 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(2) 41.(b)(1)	Lapse <sup>cannot</sup> be redone	4/20/18	Home understand the background and TB clearance requirements. Home has a list of requirements to renew before due date for background check and TB clearance. The list is in front of my home binder once a month.

Primary Caregiver's Signature: Evelyn Ruiz

Print Name: EVELYN RUIZ

Date of Signature: 4/20/18